

BMO



BMO HARRIS BANK N.A.  
11/04/21 08:50 TK600188

XXXXXXXXXXXX2809

80 W WEBER RD  
ROMEIOVILLE

IL

A0000000042203

DEBIT

AV BAL	115.19
1103 PURCH	20.72
1103 PURCH	21.24
1103 PURCH	29.99
1103 PURCH	234.81
1102 ACH	25.00
1102 PURCH	16.17
1102 PURCH	16.26
1102 PURCH	74.06
1102 PURCH	145.00
1101 ACH	203.14

minus  
Fed Ex  
SCANST  
COPIES  
OVERNIGHT  
delivery

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*Marilyn Williams*  
*Williams*  
11-4-2021



251 S Weber Rd  
Bolingbrook, IL 60490  
(630) 759-5784

Terminal: 1534MIX02  
11/4/2021 09:18  
Receipt #: 1534TAS0303  
Type: Purchase

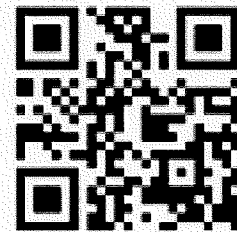
Qty	Description	Amount
20	Self Serve Scan 8.5x11/14, 11x17	9.80
SubTotal		9.80
District tax		0.00
City tax		0.00
County tax		0.00
State tax		0.00
Total		USD \$9.80

Acct #:\*\*\*\*\*2809  
Mastercard Debit  
Chip Read  
Auth No.: 090523  
Mode: Issuer  
AID: A0000000041010  
NO CVM  
CVM Result: 1F0302  
TVR: 0000008000  
IAD:  
01106070012200008164000000000000FF  
TSI: E800  
ARC: 00  
APPROVED

The Cardholder agrees to pay the Issuer  
of the charge card in accordance with  
the agreement between the Issuer and  
the Cardholder.



Tell us how we're doing and get  
a coupon for \$5 off a print order  
of \$30.\* Complete our survey by  
scanning the QR code below,  
visit **fedex.com/welisten**.



Offer expires 12/31/2021

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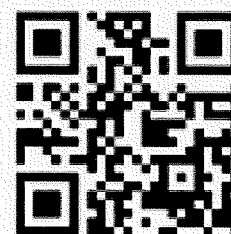


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11/4/2021 09:18  
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Tell us how we're doing and get a coupon for \$5 off a print order of \$30\*. Complete our survey by scanning the QR code below, visit **fedex.com/welisten**.



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### **Important Privacy Notice**

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

Melody Estella Maria Williams Huntley

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Social Security Administration  
AFCOE Local 1395  
American Federation  
of Government Employees

**COMPLAINT**

Jury Trial: ☐ Yes ☒ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

Melody Estella Maria Williams Huntley  
155 Highpoint Dr Apt 203 Unit 155  
Romeville  
IL 60446  
815-641-2069

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Social Security Administration WHRC401  
Street Address 1401 Security Blvd Office of Privacy + Disclosure  
County, City Baltimore, Baltimore  
State & Zip Code MD 21235

Defendant No. 2

Name AFCOE Local 1395 Headquarters  
Street Address 80 F STREET, NW  
County, City District of Columbia, Washington  
State & Zip Code D.C. 20001

Defendant No. 3

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
County, City \_\_\_\_\_  
State & Zip Code \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
County, City \_\_\_\_\_  
State & Zip Code \_\_\_\_\_

## II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)  
☒ Federal Questions      ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Pro SE Employment Discrimination from  
July 8, 2007 to September 9, 2019.



C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? N/A

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

### III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? In a bargaining unit at 2301 W 22nd St., Ste 201 Oak Brook, IL Hearings Office.

B. What date and approximate time did the events giving rise to your claim(s) occur? During my tenure, while covered by AFGE Council 220 Collective Bargaining agreement.

What happened to you?

c. Facts: I won my AFGE Local 1395 grievances and my Office of Special Counsel; Merit Systems Protection Board; The Whistleblower; and Social Security Administration Office of Inspector General favorable Adjudication Monetary Awards, never received. My CASES were Adjudicated with Willy Rincey PLLC 17-3588. I never received. My FLRA ULP's are pending and sabotaged awaiting -FLRA Impasse Panel.

Who did what?

Was anyone else involved?

Monetary Awards; gifts; promotions; were awarded to imposters.

SSA + AFGE paid informants.

I HAVE NEVER RECEIVED MY AWARDS.

Who else saw what happened?

MSPB awarded + kept CH-0762-19-0568-F2.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

N/A

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

- 1) EEOC ADR Pending Hearing 570-2022-00004X  
Award Compensatory & Punitive Damages
- 2) FLRA Impasse 22001; 21051; 21050; CH-CA-21-0375; 21048  
TO BE MADE WHOLE; CH-0152-19-0568-I-2)
- 3) Tully Kincaid LLC  
17-3588; Favorable Adjudications;
- 4) The Whistleblowers Monetary Rewards;
- 5) AFGE CH-CO-21-0165; FLRA CH-CO-21-0255; CH-CO-21-0280;
- 6) AFGE Settlement Agreements 2009-2019;  
Feinbaum
- 7) Pain Suffering From work-related stress; FLRA  
ULP's; CEASE AND DESIST filing evidence  
All related to Employment Discrimination.



I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4th day of NOVEMBER, 2021.

Signature of Plaintiff Malody Estelle Maria Victoria Huntley  
Mailing Address 155 Highpoint Dr  
Apt 203 Unit 155  
Romeoville, IL 60446  
Telephone Number (815) 641-2069  
Fax Number (if you have one) N/A  
E-mail Address malodyestellamariahuntley52@gmail.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: \_\_\_\_\_

Inmate Number \_\_\_\_\_

## **Important Privacy Notice**

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- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

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**UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**HOW TO PROCEED WITH AN EMPLOYMENT DISCRIMINATION OR  
REHABILITATION ACT LAWSUIT**

**INSTRUCTIONS FOR A PERSON WITHOUT AN ATTORNEY**

This packet contains forms to permit you to file the following:

- Form 1. Civil Complaint
- Form 2. Description of Lawsuit for Court Assignment
- Form 3. Application to Proceed In Forma Pauperis (for people unable to pay the filing fee)
- Form 4. Request for Appointment of Attorney

**GENERAL INSTRUCTIONS**

**FORM 1 – CIVIL COMPLAINT**

You should fill out and file Form 1 – Civil Complaint. When filling out the complaint, you should remember the following:

- 1) You are the plaintiff. The defendant(s) is the employer(s) being sued. If you are filing against a government agency or department, use the title of the head of that agency or department – such as Postmaster General, Secretary of the Navy, Secretary of Welfare of Pennsylvania, etc.
- 2) Your complaint must be legibly printed by hand or typewritten.
- 3) You must personally sign your complaint and declare under penalty of perjury that the facts you allege are correct.
- 4) You must attach to the complaint a copy of your Notice of Right to Sue Letter from the Equal Employment Opportunity Commission. The complaint must be filed within the time specified in your Notice of Right to Sue Letter.

**FORM 2 – DESCRIPTION OF LAWSUIT FOR COURT ASSIGNMENT**

When you file your complaint, you must also complete and file an original and one copy of Form 2 – Description of Lawsuit for Court Assignment.

(Rev. 5/2017)

**UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

Caption:

Melody Estella Maria  
Williams Huntley

*Full name(s) of Plaintiff(s)*

**COMPLAINT  
FOR EMPLOYMENT  
DISCRIMINATION**

v.

CIVIL ACTION  
NO. \_\_\_\_\_

Social Security Administration  
American Federation of  
Government Employees

*Full name(s) of Defendant(s)*

This action is brought for discrimination in employment pursuant to (check only those that apply):

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).  
**NOTE:** In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.
- ☒ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621-634.  
**NOTE:** In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission, and you must have been at least 40 years old at the time you believe that you were discriminated against.
- ☐ Americans with Disability Act of 1990, as codified, 42 U.S.C. §§ 12112-12117.  
**NOTE:** In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.
- ☒ Pennsylvania Human Relations Act, as codified, 43 Pa. Cons. Stat. §§ 951-963 (race, color, family status, religious creed, ancestry, handicap or disability, age, sex, national origin, the use of a guide or support animal because of blindness, deafness or physical handicap of the user or because the user is a handler or trainer of support or guide animals).

**NOTE:** In order to bring suit in federal district court under the Pennsylvania Human Relations Act, you must first file a complaint with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations, and then you must wait one year prior to filing a lawsuit.

**I. Parties in this complaint:**

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name: Melody Estella Maria Williams Huntley  
Street Address: 155 Highpoint Dr Apt 203 Unit 155  
County, City: Romeoville  
State & Zip: IL 60446  
Telephone Number: (815) 641-2069

- B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page. Attach additional sheets of paper as necessary.

Defendant Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
County, City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

- C. The address at which I sought employment or was employed by the defendant(s) is:

Employer: Social Security Administration  
Street Address: 2301 West 22nd St, Ste. 201  
County, City: Oak Brook  
State & Zip: IL 60532  
Telephone Number: 866-964-7344

**II. Statement of the Claim**

- A. The discriminatory conduct of which I complain in this action includes (check only those that apply to your case):

☐ Failure to hire me  
☒ Termination of my employment  
☒ Failure to promote me

- ☐ Failure to reasonably accommodate my disability  
☐ Failure to reasonably accommodate my religion  
☒ Failure to stop harassment  
☒ Unequal terms and conditions of my employment  
☒ Retaliation  
☒ Other (specify): Hired Imposters using my social security number

**NOTE:** Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court.

B. It is my best recollection that the alleged discriminatory acts occurred or began on or about: (month) 07, (day) 08, (year) 2007.

C. I believe that the defendant(s) (check one):

- ☒ is still committing these acts against me.  
☐ is **not** still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check only those that apply and state the basis for discrimination, for example, what is your religion, if religious discrimination is alleged):

- ☒ race Black                      ☒ color Black  
☒ religion Baptist                      ☒ gender/sex Female  
☐ national origin \_\_\_\_\_  
☒ age My date of birth is 12/12/1968 (Give your date of birth only if you are asserting a claim of age discrimination)

E. The facts of my case are as follow (attach additional sheets of paper as necessary):

Resolve and make whole Employment  
Discrimination Civil Case, Cease  
and desist interference, retaliation,  
and Reprisal.



**NOTE:** *As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the Pennsylvania Human Relations Commission, or the Philadelphia Commission on Human Relations.*

**III. Exhaustion of Administrative Remedies:**

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on: 09/21/2020 (Date).

B. The Equal Employment Opportunity Commission (*check one*):

☒ has not issued a Notice of Right to Sue Letter.  
☒ issued a Notice of Right to Sue Letter, which I received on 6/22/2020 (Date).

**NOTE:** *Attach to this complaint a copy of the Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.*

C. *Only plaintiffs alleging age discrimination must answer this question.*

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (*check one*):

☒ 60 days or more have passed.  
☐ fewer than 60 days have passed.

D. It is my best recollection that I filed a charge with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct on: 02/23/2021 (Date).

E. Since filing my charge of discrimination with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct (*check one*):

☐ One year or more has passed.  
☒ Less than one year has passed.

#### IV. Relief

**WHEREFORE**, Plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs as well as (*check only those that apply*):

- ☐ Direct the defendant to hire the plaintiff.
- ☐ Direct the defendant to re-employ the plaintiff.
- ☒ Direct the defendant to promote the plaintiff.
- ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
- ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.
- ☒ Direct the defendant to (*specify*): Release retirement Settlement agreement + pension back pay
- ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- ☐ Other (*specify*): \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this 4th day of November, 2021.

Signature of Plaintiff  
Address

Melinda Leticia Maria Williams Hester  
155 Highland Dr  
APT 203 Unit 155  
Roseville, FL 60446

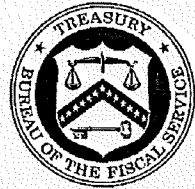
Telephone number

(815) 641-2069

Fax number (*if you have one*)

N/A

U.S. Department of the Treasury  
Bureau of the Fiscal Service  
P.O. Box 1686  
Birmingham, AL 35201-1686



**PLEASE RETAIN FOR YOUR RECORDS**

11/01/21

184797866



MELLODY E HUNTLEY  
APT 203 UNIT 155  
155 HIGHPOINT DR  
ROMEONVILLE, IL 60446

**What Happened to My Payment?**

The U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service), applied all or part of your payment to delinquent debt that you owe. This action is authorized by federal law. Below is your payment information:

Payment From: Office of Personnel Management  
Payee Name: MELLODY E HUNTLEY  
Original Payment: \$1013.00

Payment Date: 11/01/21  
Payment Type: EFT

**Who Do I Owe?**

We applied your payment to debt that you owe to the following agency:

INTERNAL REVENUE SERVICE  
FEDERAL PAYMENT LEVY PROGRAM  
STOP 5050, ANNEX 5  
PO BOX 219236  
KANSAS CITY, MO 64121-9236  
(800) 829-7650

TOP Trace Number: 184797866  
Account #: 058744576130200812  
Applied To This Debt: \$151.95  
Type of Debt: Tax Levy

Please see additional pages for other debts, if any.

**What Should I Do?**

If you agree that you owe the debt, you do not need to do anything. Your debt balance has been reduced. If you believe that your payment was applied in error, you would like to resolve your debt, or you have questions about your debt or outstanding balance, contact the agency listed under **Who Do I Owe**. Please have this notice available when you contact the agency.

Only the agency listed under **Who Do I Owe** has information about your debt. Before sending a debt to Fiscal Service, an agency must send notice to you at the address in its records. The notice explains the amount and type of debt you owe, the rights available to you, and the agency's intention to collect the debt by applying eligible federal payments made to you.

For questions about your debt, please call the agency listed under **Who Do I Owe**. If you have questions about the Treasury Offset Program, please visit our website at [www.fiscal.treasury.gov/TOP](http://www.fiscal.treasury.gov/TOP) or call 1-800-304-3107.





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X-RAY

ORIGIN ID:ENLA (815) 641-2069  
HELLODY ESTELLA MARIA HUNTLEY  
155 HIGHPOINT DR APT 203  
UNIT 155  
ROMEOVILLE, IL 60446  
UNITED STATES US

SHIP DATE: 04NOV21  
ACTWT: 0.35 LB  
CWB: 6990410/SSF02220

BILL CREDIT CARD

TO CLERK OF COURT  
UNITED STATES DISTRICT COURT  
601 MARKET ST ROOM 2609  
PHILADELPHIA PA 19106

DEPT: (655) 656-5556  
REF: PO1

TRK# 2857 1372 4467  
0201

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